

Registration District No. _____ Primary Registration District No. 2016

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: In front of 210 Marshall St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 11522-E Capital
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Rufus Fleming

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1946 hour 10 minute A M.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 21 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from year when married 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 7 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage Duration: a few min

9. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Junior Recreator

Due to Hypertension
and Arterio Sclerosis

Due to _____

11. Industry or business _____

12. Name of father William Fleming

13. Birthplace of father Callaway County Mo
(City, town, or county) (State or foreign country)

14. Maiden name of mother Louise Sanders

15. Birthplace of mother Callaway County Mo
(City, town, or county) (State or foreign country)

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Clayton R. Fleming

(b) Address 822-W High

17. (a) Burial (b) Date thereof 1-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pianner

18. (a) Signature of funeral director James Bevan

(b) Address 202 Jefferson

19. (a) 1-9-46 (b) R.P. Morris MD
(Date received legal notice) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J.P. Bellis Coronon (M. D. or other)
Address Jeff City Mo Date signed 1-9-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-18-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3641
P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.